

<i>SERFF Tracking Number:</i>	<i>ALLC-125576227</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>38511</i>
<i>Company Tracking Number:</i>	<i>S40769 ET AL</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>LPB LPB II Amendment S40769</i>		
<i>Project Name/Number:</i>	<i>LPB LPB II Amendment S40769/LPB LPB II Amendment S40769</i>		

## Filing at a Glance

Company: Allianz Life Insurance Company of North America		
Product Name: LPB LPB II Amendment S40769		
SERFF Tr Num: ALLC-125576227	State: Arkansas	LH
TOI: A03I Individual Annuities - Deferred Variable	SERFF Status: Closed	State Tr Num: 38511
Sub-TOI: A03I.002 Flexible Premium	Co Tr Num: S40769 ET AL	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Mary Peterson, Patricia Evans	Disposition Date: 04/02/2008
	Date Submitted: 03/25/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: LPB LPB II Amendment S40769	Status of Filing in Domicile: Pending
Project Number: LPB LPB II Amendment S40769	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/02/2008	
State Status Changed: 04/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Re: INDIVIDUAL VARIABLE ANNUITY – NAIC #761-90611 / FEIN #41-1366075	

S40769 - Lifetime Plus Benefit Amendment  
F70029 - Application

SERFF Tracking Number: ALLC-125576227 State: Arkansas  
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 38511  
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The referenced forms are new and do not supersede any previously filed form and may be used with other forms approved in the future. The form is being filed concurrently in Minnesota, our state of domicile and will be distributed as described in the filing for the base contract. The effective date will be determined by your approval.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to Allianz Life product printer configurations. Allianz Life takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved form.

The purpose of this filing is to provide additional information regarding annuity payment options available at the latest income date when the optional Lifetime Plus Benefit Rider or the Lifetime Plus II Benefit Rider is attached to the base contract.

Form S40769 is an amendment and is intended to be issued with new contracts containing the above referenced riders. There is no additional charge affiliated with this amendment and there is no impact to any information or demonstration contained in the original Actuarial Memorandum on file for the base contract.

Form F70029 is an application to be used with the affiliated forms mentioned in this submission and others that have been reviewed recently by the Department. Variability of options and benefits is more prominent in this version of the application to allow for the addition of future options and benefits, or the possibility of removal of current options displayed. Please see the Statement of Variability for additional information.

To the best of our knowledge and belief, the above listed form conforms to all state statutes, insurance regulations, and department requirements.

We appreciate your consideration for review of the form. Please contact me directly if you have any questions at 1.800.328.5601, ext. 47135 or send a note electronically at [patricia.evans@Allianzlife.com](mailto:patricia.evans@Allianzlife.com).

Sincerely,

Patricia Evans

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Compliance Analyst

## Company and Contact

### Filing Contact Information

Patricia Evans, Compliance Analyst Patricia.Evans@Allianzlife.com  
 5701 Golden Hills Drive (763) 765-7135 [Phone]  
 Minneapolis, MN 55416 (763) 765-6306[FAX]

### Filing Company Information

Allianz Life Insurance Company of North America CoCode: 90611 State of Domicile: Minnesota  
 5701 Golden Hills Drive Group Code: 761 Company Type: 03  
 Minneapolis, MN 55416-1297 Group Name: State ID Number:  
 (800) 328-5601 ext. [Phone] FEIN Number: 41-1366075  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$75.00	03/25/2008	18936147

SERFF Tracking Number:	ALLC-125576227	State:	Arkansas
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## Correspondence Summary

## Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/02/2008	04/02/2008

SERFF Tracking Number:	ALLC-125576227	State:	Arkansas
Filing Company:	Allianz Life Insurance Company of North America	State Tracking Number:	38511
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## Disposition

Disposition Date: 04/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALLC-125576227 State: Arkansas

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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: LPB LPB II Amendment S40769

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certificate of Readability		Yes
Form	Lifetime Plus Benefit Amendment		Yes
Form	Application		Yes

SERFF Tracking Number: ALLC-125576227 State: Arkansas

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Product Name: LPB LPB II Amendment S40769

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## Form Schedule

Lead Form Number: S40769

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	S40769	Policy/Cont Lifetime Plus Benefit ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	S40769 Lifetime Plus Benefit Amend 3.17.08.pdf
	F70029	Application/ Application Enrollment Form	Initial		50	F70029 3.18.08.pdf

# Lifetime Plus Benefit Amendment

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The purpose of this amendment is to provide Annuity Payment options available at the latest Income Date when the Lifetime Plus Benefit Rider or the Lifetime Plus II Benefit Rider is attached to the Base Contract.

This amendment forms a part of the Base Contract and applicable rider to which it is attached and is effective as of the Rider Effective Date. In the case of a conflict within any provision in the Base Contract and the applicable rider, the provisions of this amendment will control. This amendment will terminate as indicated in the "Conditions for Termination of the Lifetime Plus Benefit Rider" or "Conditions for Termination of the Lifetime Plus II Benefit Rider" section, as applicable.

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## Annuity Provisions

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The following paragraphs are added to the Lifetime Plus Benefit Rider or the Lifetime Plus II Benefit Rider to which this amendment is attached.

### **Annuitization**

After the Benefit Date if your contract has any remaining Contract Value, and you take a Full Annuitization of the Base Contract at the latest Income Date specified in the Base Contract, or on such subsequent date as may be authorized by us at our discretion, and have elected single Lifetime Plus Payments and the **Annuity Option 1 - Life Annuity** is chosen where the Annuitant is the Covered Person, the fixed Annuity Payments will be equal to the greater of:

- the Option 1 annual payment based on the terms of the Base Contract, or
- the current annual Lifetime Plus Payment available to you.

After the Benefit Date if your contract has any remaining Contract Value, and you take a Full Annuitization of the Base Contract at the latest Income Date specified in the Base Contract, or on such subsequent date as may be authorized by us at our discretion, and have elected joint Lifetime Plus Payments and **Annuity Option 3 - Joint and Last Survivor Life Annuity** is chosen with a 100% level of payments to continue to the surviving Joint Annuitant where the Joint Annuitants are the Covered Persons, the fixed Annuity Payments will be equal to the greater of:

- the Option 3 annual payment based on the terms of the Base Contract, or
- the current annual Lifetime Plus Payment available to you.

If you take a Full or Partial Annuitization of the Base Contract at any time prior to the latest Income Date specified in Base Contract, your Annuity Payments will be determined in accordance with the terms of the Base Contract. The Benefit Base for Lifetime Plus Payments will not be used in determining any Annuity Payments.

An annuitization as referred to in the above paragraphs shall result in the termination of the death benefit.

In all other respects the provisions, conditions, exceptions and limitations contained in the contract remain unchanged and apply to this amendment.

Signed for the Company at its home office.

**Allianz Life Insurance Company  
of North America**

[

Cynthia L. Pevehouse  
Secretary

]

Gary Bhojwani  
President



## [Allianz Vision<sup>SM</sup>] Application

Individual flexible purchase payment variable deferred annuity application. Issued by Allianz Life Insurance Company of North America (Allianz), Minneapolis, MN.

[DA \_\_\_\_\_]

### 1. Account registration

#### Owner is individual (Please see optional rider section for issue age restriction)

Individual owner first name	MI	Last name	Jr., Sr., III
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Owner is ☐ Trust ☐ Qualified plan ☐ Custodian (If Trust, please include the date of Trust in the name)

Non-individual owner name (If Trust is owner, please refer to Trustee representation form)

Tax ID number	Social Security number
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Street address

City	State	ZIP code	Daytime telephone number
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### Joint owner (Please see optional rider section for issue age restriction) (Must be the spouse of the owner except in the state of CA)

First name	MI	Last name	Jr., Sr., III
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Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Relationship to owner	Social Security number
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#### Annuitant (Please see optional rider section for issue age restriction)

First name	MI	Last name	Jr., Sr., III
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Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
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### 2. Purchase payment (This section must be completed; please make check payable to Allianz)

[\$10,000 minimum purchase payment required. \$25,000 minimum purchase payment required with No Withdrawal Charge Option.]

Purchase payment amount \$ \_\_\_\_\_

☐ Purchase payment enclosed with application.

☐ This contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption.  
(please include the appropriate forms.)

### 3. Plan specifics (This section must be completed to indicate how this contract should be issued)

<b>Nonqualified:</b> <input type="checkbox"/>	<b>Qualified IRA:</b> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth conversion (Contribution for tax year _____)
<b>Qualified plans:</b> <input type="checkbox"/> 401 <input type="checkbox"/> 401 one person defined benefit	

#### 4. Beneficiary designation (If more than three beneficiaries, attach a list signed by owner(s).)

For jointly owned contracts, the surviving joint owner is the sole primary beneficiary. Spousal joint owners may also name contingent beneficiaries. Non-spousal joint owners cannot name contingent beneficiaries.

If the beneficiary is a trust, qualified plan, or custodian, please check the box and include the name below ☐ Trust ☐ 401 qualified plan ☐ Custodian

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

Non-individual beneficiary information

(If trust, please include date of trust in name)(If owner is a 401 qualified plan, the plan must be the beneficiary)

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
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Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

(If more than four beneficiaries, attach a list signed by owner.)

#### [5. Optional provisions - Each additional option carries an additional charge. (check only one)]

- ☐ **Bonus Option:** Also carries a higher and longer withdrawal charge. Not available with the Short Withdrawal Charge Option or No Withdrawal Charge Option.
- ☐ **Short Withdrawal Charge Option:** Not available with the Bonus Option or No Withdrawal Charge Option.
- ☐ **No Withdrawal Charge Option:** Not available with the Bonus Option or Short Withdrawal Charge Option. You must select either the Lifetime Plus Benefit, Lifetime Plus II Benefit or Target Date Retirement Benefit with this option.

#### [6. Optional death benefit - Each additional option carries an additional charge.]

- ☐ **Quarterly Value Death Benefit:** If you do not select the Quarterly Value Death Benefit, the contract provides a Traditional Death Benefit at no additional cost.

#### [7. Optional riders - Each additional option carries an additional charge. (check only one)]

- ☐ **No Living Benefit** (No additional cost.) **Must be age 80 or younger.**
- ☐ **Lifetime Plus Benefit** – Please fill out the Covered Person(s) Selection section. **Must be age 80 or younger.**
- ☐ **Lifetime Plus II Benefit** – Please fill out the Covered Person(s) Selection section. **Must be age 75 or younger.**
- ☐ **Target Date Retirement Benefit** – Please fill out the Target date requirements section. **Must be age 80 or younger.\***

**By selecting the Lifetime Plus Benefit, Lifetime Plus II Benefit, or Target Date Retirement Benefit, I consent that Allianz may reallocate my contract value in accordance with the asset allocation and transfer provisions in the contract.**

\* For the Target Date Retirement Benefit, purchase payments will be limited to the first three contract years from the issue date or rider effective date.

## [8.] Covered Person(s) Selection (select one)

### ☐ Single Life Payout<sup>1</sup>:

Name \_\_\_\_\_

Check one: ☐ Owner ☐ Joint Owner ☐ Annuitant, if owned by a non-individual

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **(proof of age required** – Please include copy of driver's license, birth certificate, or any other governmental recognized identification)

<sup>1</sup>For single Lifetime Plus Payments:

- If the contract is solely owned, the Covered Person is the Owner.
- If the contract is owned by a non-individual, the Covered Person is the Annuitant.
- If the contract is jointly owned, you may be able to choose which Joint Owner is the Covered Person subject to the maximum age restriction for adding the [Lifetime Plus Benefit or Lifetime Plus II Benefit] to your contract.

### ☐ Joint Life Payout<sup>2</sup>:

Spouse's name \_\_\_\_\_

Spouse's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **(proof of age required** – Please include copy of driver's license, birth certificate, or any other governmental recognized identification)

Spouse's gender: ☐ Male ☐ Female

Relationship to contract owner (check one) ☐ Spousal joint owner (nonqualified)  
☐ Spousal sole beneficiary (qualified or non-individual, nonqualified)

**Spouses must qualify as such under federal law until the [Lifetime Plus Benefit or Lifetime Plus II Benefit] terminates. If at any time before the [Lifetime Plus Benefit or Lifetime Plus II Benefit] terminates you are no longer spouses you must send us notice and you must remove a covered person from the contract. If one covered person dies before we receive notice that the covered persons are no longer spouses, then the [Lifetime Plus Benefit or Lifetime Plus II Benefit] will terminate and any Lifetime Plus Payments we were making will stop.**

<sup>2</sup>For joint Lifetime Plus Payments you and your spouse are the Covered Person(s).

For joint Lifetime Plus Payments under contracts that are not qualified under the tax code:

- spouses must be joint owners, or
- one spouse must be the annuitant and the other spouse must be the sole primary beneficiary if the sole owner is a non individual, or
- one spouse must be the sole owner and annuitant and the other spouse must be the sole primary beneficiary.

For joint Lifetime Plus Payments under contracts that are qualified under the tax code:

- one spouse must be the sole owner and annuitant and the other spouse must be the sole primary beneficiary, or
- one spouse must be the annuitant and the other spouse must be the sole primary beneficiary if the sole owner is a non-individual, or
- if we require a non-individual owner to be the beneficiary, then one spouse must be the annuitant and the other spouse must be the sole contingent beneficiary solely for the purpose of determining the Lifetime Plus Payment.

## 9. Target date requirements

Please select the anniversary on which you would like your Initial Target Value Date to fall. This must be the seventh or later Contract Anniversary. Once you select your Initial Target Value Date, indicate your Purchase Payment Allocation instructions in Section 10 in accordance with the following guidelines. **Anniversary Year** \_\_\_\_\_

Years until initial Target Value Date	Maximum in A+B+X	Maximum in A	Minimum in Y
12 or more	95%	30%	5%
11	90%	30%	10%
10	85%	25%	15%
9	80%	25%	20%
8	75%	20%	25%
7	70%	20%	30%

## [10.] Purchase payment allocation

You may select up to [15] investment options. You must make allocations in whole percentages (33.3% or dollars are not permitted).

### Lifetime Plus Benefit or Lifetime Plus II Benefit

#### Group A investment options

You can not have more than 25% of your total contract value in Group A investment Options.

##### Small Cap

- \_\_\_\_ % AZL<sup>SM</sup> Dreyfus Premier Small Cap Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Franklin Small Cap Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Turner Quantitative Small Cap Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> OCC Opportunity Fund
- \_\_\_\_ % AZL<sup>SM</sup> Small Cap Stock Index Fund

##### International Equity

- \_\_\_\_ % AZL<sup>SM</sup> Schroder International Small Cap Fund

##### Specialty

- \_\_\_\_ % AZL<sup>SM</sup> Columbia Technology Fund
- \_\_\_\_ % AZL<sup>SM</sup> Schroder Emerging Markets Equity Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Global Real Estate Fund
- \_\_\_\_ % Davis VA Financial Portfolio
- \_\_\_\_ % Franklin Global Communications Securities Fund
- \_\_\_\_ % PIMCO VIT Commodity RealReturn Strategy Portfolio

#### Group B investment options

You cannot have more than 70% of your total contract value in Group A and B investment options.

##### TargetPLUS (Model Portfolio)

- \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Equity Fund

##### Mid Cap

- \_\_\_\_ % AZL<sup>SM</sup> Neuberger Berman Regency Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Mid Cap Growth Fund
- \_\_\_\_ % OpCap Mid Cap Portfolio

##### Large Growth

- \_\_\_\_ % AZL<sup>SM</sup> Dreyfus Founders Equity Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> Jennison Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> Legg Mason Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> LMP Large Cap Growth Fund

##### International Equity

- \_\_\_\_ % AZL<sup>SM</sup> AIM International Equity Fund
- \_\_\_\_ % AZL<sup>SM</sup> NACM International Fund
- \_\_\_\_ % AZL<sup>SM</sup> Oppenheimer Global Fund
- \_\_\_\_ % AZL<sup>SM</sup> Oppenheimer International Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Global Franchise Fund
- \_\_\_\_ % Mutual Discovery Securities Fund
- \_\_\_\_ % Templeton Growth Securities Fund

##### Large Blend

- \_\_\_\_ % AZL<sup>SM</sup> First Trust Target Double Play Fund
- \_\_\_\_ % AZL<sup>SM</sup> Jennison 20/20 Focus Fund
- \_\_\_\_ % AZL<sup>SM</sup> Legg Mason Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Oppenheimer Main Street Fund
- \_\_\_\_ % AZL<sup>SM</sup> PIMCO Fundamental IndexPLUS Total Return Fund
- \_\_\_\_ % AZL<sup>SM</sup> S&P 500® Index Fund

##### Large Value

- \_\_\_\_ % AZL<sup>SM</sup> Davis NY Venture Fund
- \_\_\_\_ % AZL<sup>SM</sup> OCC Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Comstock Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Growth and Income Fund
- \_\_\_\_ % Mutual Shares Securities Fund

### Target Date Retirement Benefit

#### Group A investment options

##### Small Cap

- \_\_\_\_ % AZL<sup>SM</sup> Dreyfus Premier Small Cap Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Franklin Small Cap Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Turner Quantitative Small Cap Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> OCC Opportunity Fund
- \_\_\_\_ % AZL<sup>SM</sup> Small Cap Stock Index Fund

##### International Equity

- \_\_\_\_ % AZL<sup>SM</sup> Schroder International Small Cap Fund

##### Specialty

- \_\_\_\_ % AZL<sup>SM</sup> Columbia Technology Fund
- \_\_\_\_ % AZL<sup>SM</sup> Schroder Emerging Markets Equity Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Global Real Estate Fund
- \_\_\_\_ % Davis VA Financial Portfolio
- \_\_\_\_ % Franklin Global Communications Securities Fund
- \_\_\_\_ % PIMCO VIT Commodity RealReturn Strategy Portfolio

#### Group B investment options

##### TargetPLUS (Model Portfolio)

- \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Equity Fund

##### Mid Cap

- \_\_\_\_ % AZL<sup>SM</sup> Neuberger Berman Regency Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Mid Cap Growth Fund
- \_\_\_\_ % OpCap Mid Cap Portfolio

##### Large Growth

- \_\_\_\_ % AZL<sup>SM</sup> Dreyfus Founders Equity Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> Jennison Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> Legg Mason Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> LMP Large Cap Growth Fund

##### International Equity

- \_\_\_\_ % AZL<sup>SM</sup> AIM International Equity Fund
- \_\_\_\_ % AZL<sup>SM</sup> NACM International Fund
- \_\_\_\_ % AZL<sup>SM</sup> Oppenheimer Global Fund
- \_\_\_\_ % AZL<sup>SM</sup> Oppenheimer International Growth Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Global Franchise Fund
- \_\_\_\_ % Mutual Discovery Securities Fund
- \_\_\_\_ % Templeton Growth Securities Fund

##### Large Blend

- \_\_\_\_ % AZL<sup>SM</sup> First Trust Target Double Play Fund
- \_\_\_\_ % AZL<sup>SM</sup> Jennison 20/20 Focus Fund
- \_\_\_\_ % AZL<sup>SM</sup> Legg Mason Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Oppenheimer Main Street Fund
- \_\_\_\_ % AZL<sup>SM</sup> PIMCO Fundamental IndexPLUS Total Return Fund
- \_\_\_\_ % AZL<sup>SM</sup> S&P 500® Index Fund

##### Large Value

- \_\_\_\_ % AZL<sup>SM</sup> Davis NY Venture Fund
- \_\_\_\_ % AZL<sup>SM</sup> OCC Value Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Comstock Fund
- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Growth and Income Fund
- \_\_\_\_ % Mutual Shares Securities Fund

Continued on next page

**[10.] Purchase payment allocation (Continued)**

You may select up to [15] investment options. You must make allocations in whole percentages (33.3% or dollars are not permitted).

**Lifetime Plus Benefit or Lifetime Plus II Benefit****Group C investment options**

There are no limits on the amount of the contract value that you can have in Group C investment options.

**Fusion Portfolios**

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Growth Fund  
 \_\_\_\_ % AZL Fusion<sup>SM</sup> Moderate Fund  
 \_\_\_\_ % AZL Fusion<sup>SM</sup> Balanced Fund

**TargetPLUS**

- \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Growth Fund  
 \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Moderate Fund  
 \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Balanced Fund

**High Yield Bonds**

- \_\_\_\_ % Franklin High Income Fund  
 \_\_\_\_ % PIMCO VIT High Yield Portfolio

**Intermediate-Term Bonds**

- \_\_\_\_ % Franklin Zero Coupon Fund 2010  
 \_\_\_\_ % PIMCO VIT Emerging Markets Bond Portfolio  
 \_\_\_\_ % PIMCO VIT Global Bond Portfolio (Unhedged)  
 \_\_\_\_ % PIMCO VIT Real Return Portfolio  
 \_\_\_\_ % PIMCO VIT Total Return Portfolio  
 \_\_\_\_ % Templeton Global Income Securities Fund

**Short-Term Bonds**

- \_\_\_\_ % Franklin U.S. Government Fund

**Cash Equivalent**

- \_\_\_\_ % AZL<sup>SM</sup> Money Market Fund

**Specialty**

- \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Equity and Income Fund  
 \_\_\_\_ % Franklin Income Securities Fund  
 \_\_\_\_ % Franklin Templeton VIP Founding Funds Allocation Fund  
 \_\_\_\_ % PIMCO VIT All Asset Portfolio

**Target Date Retirement Benefit****Group X investment options****Fusion Portfolios**

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Growth Fund  
 \_\_\_\_ % AZL Fusion<sup>SM</sup> Moderate Fund

**TargetPLUS**

- \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Growth Fund  
 \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Moderate Fund

**Specialty**

- \_\_\_\_ % Franklin Templeton VIP Founding Funds Allocation Fund  
 \_\_\_\_ % AZL<sup>SM</sup> Van Kampen Equity and Income Fund  
 \_\_\_\_ % BlackRock Global Allocation V.I. Fund

**Group Y investment options****Fusion Portfolios**

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Balanced Fund

**TargetPLUS**

- \_\_\_\_ % AZL<sup>SM</sup> TargetPLUS Balanced Fund

**High Yield Bonds**

- \_\_\_\_ % Franklin High Income Fund  
 \_\_\_\_ % PIMCO VIT High Yield Portfolio

**Intermediate-Term Bonds**

- \_\_\_\_ % Franklin Zero Coupon Fund 2010  
 \_\_\_\_ % PIMCO VIT Emerging Markets Bond Portfolio  
 \_\_\_\_ % PIMCO VIT Global Bond Portfolio (Unhedged)  
 \_\_\_\_ % PIMCO VIT Real Return Portfolio  
 \_\_\_\_ % PIMCO VIT Total Return Portfolio  
 \_\_\_\_ % Templeton Global Income Securities Fund

**Short-Term Bonds**

- \_\_\_\_ % Franklin U.S. Government Fund

**Cash Equivalent**

- \_\_\_\_ % AZL<sup>SM</sup> Money Market Fund

**Specialty**

- \_\_\_\_ % Franklin Income Securities Fund  
 \_\_\_\_ % PIMCO VIT All Asset Portfolio

Total of \_\_\_\_\_ % (must equal 100%)

**[11.] Telephone authorization**

- ☐ **Yes** By checking "yes," I am authorizing and directing Allianz to act on telephone or electronic instructions from the registered representative and/or anyone authorized by him/her to transfer contract values among the investment options. **If the box is not checked, this authorization will be permitted for the owner only.** Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of the company.

**[12.] Replacement (This section must be completed.)**Do you have existing life insurance or annuity contracts? ..... ☐ Yes ☐ NoWill the annuity contract applied for replace or change existing contracts or policies? ..... ☐ Yes ☐ No

If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated. For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The registered representative must also complete Section 13 regarding replacement.

**[13.] Registered representative**

By signing below, the registered representative/agent certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the owner(s) with the most current prospectus. To the best of my knowledge, the applicant: ☐ **DOES** ☐ **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application ☐ **DOES** ☐ **DOES NOT** involve replacement of existing life insurance or annuities. If a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered representative's signature	B/D Rep. ID	
Registered representative's first and last name (please print)	Percent split	
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)	Percent split	
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)	Percent split	
Registered representative's address	Registered representative's telephone number	
Broker/dealer name (please print)		
Authorized signature broker/dealer (if required)		

Commission options (please check one) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
---

## [14.] Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

**Arizona:** This contract may be returned within 10 days **or within 30 days if you are age 65 or older on the date of the application**, if you are dissatisfied for any reason. It can be mailed or delivered to either us or the representative who sold it. Return of this contract by mail is effective on being postmarked, properly addressed and postage prepaid. We will refund an amount equal to the sum of the difference between the premiums paid; including any contract fees or other charges, and the amounts allocated to any separate accounts under the contract on the date the returned contract is received by us. We have the right to allocate Purchase Payments to the Money Market Investment Option until the expiration of the Right to Examine period. If we so allocate Purchase Payments, we will refund the greater of the Purchase Payments less any withdrawals, or the Contract Value. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.

**Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, Tennessee, and West Virginia:** Any person who knowingly, and with intent to defraud any insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, and may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose

of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia and Virginia:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act in DC, subjects such person to criminal and civil penalties. In VA, it is considered a fraudulent act and subjects such person to criminal and civil penalties. In DC and VA, additional penalties may include imprisonment and/or fines, or denial of insurance benefits.

**Vermont:** I understand that this variable annuity is not a bank deposit; is not federally insured; is not endorsed by any bank or government agency; is not guaranteed; and may be subject to loss of principal.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

By signing below, the owner acknowledges the statements mentioned above and understands that or agrees to the following:

I received a prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet financial needs and goals. **I understand that the contract value and variable annuity payments may increase or decrease depending on the investment results of the variable investment choices, and that no minimum contract value or variable annuity payment is guaranteed.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any contract to be issued. No representative is authorized to modify this agreement or waive any Allianz rights or requirements.

☐ Please send me a statement of additional information (Also available on the SEC Web site, [<http://www.sec.gov>])

Owner/Trustee/Authorized Signer Signature

Joint Owner/Trustee/Authorized Signer Signature

Signed at (City, State)

Date signed

## 15. Home Office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this contract by the owner(s); however, any material change must be accepted in writing by the owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by owner(s).

**[Please call the Allianz Service Center with any questions at 800-624-0197.]**

### Mailing information

#### Applications that **HAVE** a check attached

#### **Regular mail**

Allianz Service Center  
PO Box 824240  
Philadelphia, PA 19182-4240

#### **Overnight, certified, or registered**

Allianz Service Center 824240  
c/o PNC Bank Lockbox  
312 W Route 38 and East Gate Drive  
Morristown, NJ 08057-4240

#### Applications that **DO NOT HAVE** a check attached

#### **Regular mail**

Allianz Service Center  
PO Box 1122  
Southeastern, PA 19398-1122

#### **Overnight, certified, or registered**

Allianz Service Center  
300 Berwyn Park  
Berwyn, PA 19312-1179

<i>SERFF Tracking Number:</i>	<i>ALLC-125576227</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>38511</i>
<i>Company Tracking Number:</i>	<i>S40769 ET AL</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>LPB LPB II Amendment S40769</i>		
<i>Project Name/Number:</i>	<i>LPB LPB II Amendment S40769/LPB LPB II Amendment S40769</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number: ALLC-125576227 State: Arkansas  
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 38511  
Company Tracking Number: S40769 ET AL  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: LPB LPB II Amendment S40769  
Project Name/Number: LPB LPB II Amendment S40769/LPB LPB II Amendment S40769

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 03/24/2008  
**Comments:**  
**Attachment:**  
AR Cerification for Regulation 19 10B.pdf

### Review Status:

**Satisfied -Name:** Application 03/24/2008  
**Comments:**  
The application is located under the "Form Schedule" tab.

### Review Status:

**Bypassed -Name:** Life & Annuity - Acturial Memo 03/24/2008  
**Bypass Reason:** There is no additional charge affiliated with this amendment and there is no impact to any information or demonstration contained in the original Actuarial Memorandum on file for the base contract.  
**Comments:**

### Review Status:

**Satisfied -Name:** Statement of Variability 03/24/2008  
**Comments:**  
**Attachment:**  
Application SOV 03.14.08.pdf

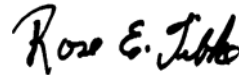
### Review Status:

**Satisfied -Name:** Certificate of Readability 03/24/2008  
**Comments:**  
**Attachment:**  
Certificate of Readability.pdf

## **CERTIFICATION OF ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA**

Allianz Life Insurance Company of North America (Allianz) hereby certifies that the filing submission of form meets the provisions of Ark. Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.

\_\_03/24/08\_\_

A handwritten signature in black ink, reading "Rose E. Tibke", is positioned above a horizontal line.

Rose E. Tibke  
AVP – Director of Product Filing

**Statement of Variability**  
Allianz Life Insurance Company of North America  
Application Form F70029

March 14, 2008

Each item is listed in order of appearance on the applicable form. Variable material is denoted as bracketed [ ] in the form referenced. Paragraphs bracketed [ ] in their entirety represents sections that will be suppressed if not applicable to options/benefits chosen. Blank boxes for the Minimum, Maximum and Current columns do not require further explanation. Please note that if some of these listed items have not been bracketed on the applicable form(s) submitted to you, please disregard the corresponding explanation.

**Form F70029 Application**

Page #	Variable	Minimum	Maximum	Current	Rationale
1	Company Name				If the company name changes. An informational filing will be submitted if the information changes.
1	Product Name				Variable to indicate product name intended at the time of rollout (may be waiting on trademark approval).
1	DA Number				Internal number we assign to the owner's contract at issue.
1	Section 2 - Purchase Payment	\$2,000	\$50,000	\$10,000 or \$25,000	Set at the time of issue and will not vary, any change will be made to new contracts going forward.
1	Section 3 - Plan Specifics				Based on those that are available at the time of application. Any added or deleted options will be made on a going forward basis to new contracts.
2	Section 5 - Optional provisions				Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2	Section 6 - Optional death benefit				Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2	Section 7 - Optional riders				Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2 - 7	Page Numbers 2 - 7				Based on the plan/benefits available. Bracketed page numbers allow the application to print with correct pagination and without blank areas.
2	Bracketed Section Numbers 8, 10 – 15				Based on the optional benefits available at the time of application, certain sections are included or omitted in the application. Bracketed section numbers allow the application to print in correct sequence and without blank areas.

3	Section 8 - Lifetime Plus Benefit or Lifetime Plus II Benefit				Variable for the addition or deletion of benefit options (any new options will be filed and approved prior to addition). Any changes will be made to new contracts going forward.
3	Section 9 - Target Date Requirements				This section will populate only if the Target Date Retirement Benefit is available at the time of application. Any changes will be made to new contracts going forward.
4, 5	Section 10 - Number of investment options	5	15	15	Set at the time of application and will not vary, any change will be made to new contracts going forward.
4, 5	Section 10 - Investment Options				Based on those that are available at the time of application, and may change in the future. Any change will be made to new contracts going forward.
6	Section 13 - Registered Representative information				Variable for our Broker Dealers who want to identify more than three commissioned agents and representatives.
6	Section 13 - Commission Options				Variable to allow for the addition or reduction of commission options to choose from.
7	Section 14 – Statement of the Applicant				These disclosures will need to be updated as states adopt or change their fraud language.
7	<a href="http://www.sec.gov">http://www.sec.gov</a>				The SEC website may change.
7	Service Center phone number				The Service Center phone number will change if the company's information changes.
7	Service Center Address				The name of the Service Office may change if a particular distribution channel has its own distribution service office or if a marketing name is attached to the office. A change to anything other than Allianz will be submitted to the department prior to implementation. The address and telephone number may change if there is a re-location or to reflect a new service office.



## CERTIFICATE OF READABILITY

Contract Form	Flesch Score
S40769	53.6
F70029	50 when read with contract

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: 3/18/2008

A handwritten signature in black ink, reading "Rose E. Tibke".

Rose E. Tibke  
AVP –Director of Product Filing